

80/502331

1082

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11	/					
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
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21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27	/					
28	/					
29		/				
30		/	/			
31				/		
32				/		
33				/		
34				/		
35				/		
36				/		
37				/		
38				/		
39			/			
40				/		
41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	80	←		←
TOTAL CLAIMS			87			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				/		
53				/		
54				/		
55			/			
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70			/			
71				/		
72				/		
73				/		
74				/		
75				/		
76				/		
77				/		
78				/		
79				/		
80				/		
81				/		
82				/		
83				/		
84				/		
85			/			
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100			/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						